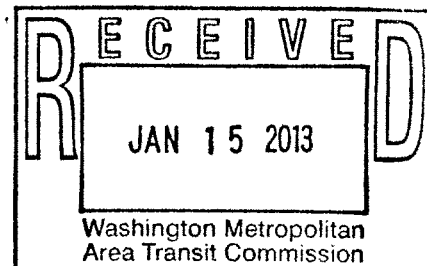


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

407	A-Always Enterprises, Inc.				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
13645 Independence Ridge Place			Nokesville	VA	20181-3249
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
2318 Minnesota Avenue, S.E.			Washington	DC	20020-5326
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
(202) 359-5725	(202) 583-4138	(703) 791-4818	a_always@comcast.net		
*Telephone	Other Telephone	Fax	E-mail		

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Bobby Bullock		President	
*Name		*Title	
(202) 359-5725	(202) 583-4138	(703) 791-4818	a_always@comcast.net
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process		Telephone	E-mail
Agent Address (must be inside Metropolitan District)		Apt./Suite City	State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	06	Ford	1FTNS24L66DA40746	H505075	VA	6	Yes
	08	Ford	1FTNS24W08DB53895	H505105	VA	6	Yes
	12	Dodge	2C4RDGBG6CR198995	H522118	VA	7	NO
	12	Dodge	2C4RDGBG1CR198998	H522119	VA	7	NO
	12	MAZDA	5M1CW2BL4C0134237	H521853	VA	6	NO
	12	MAZDA	5M1CW2BL6C0121778	H521852	VA	6	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Bobby Bullock
*Name (type or print)

President
*Title (not required for sole proprietors)


*Signature

01-12-13
*Date